

FILED APR 13 1944  
Registration District No. 274

Primary Registration District No. 3052

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **PETTIS**

(a) County **PETTIS**

(b) City or town **SEDALIA**

(c) Name of hospital or institution: **BOTHWELL HOSPITAL**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **35 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PETTIS**

(c) City or town **SEDALIA**

(d) Street No. **608 W. 3RD.**

(e) Citizen of foreign country? (Yes or No) **D**

If yes, name country

3. (a) PRINT FULL NAME **CHARLOTTE McCARTY**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **18<sup>TH</sup>** year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **3-18** 19**44** to \_\_\_\_\_ 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **MARION ELLIS McCARTY**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **AUGUST 9 1900**

Immediate cause of death **Died very suddenly Evidently from coronary insufficiency**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **94a**

8. AGE: Years **43** Months **7** Days **9**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **TIPTON Mo. D**

(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **THOMAS TILDEN**

13. Birthplace **Mo. D**

14. Maiden name **CHARLOTTE ARNOLD**

15. Birthplace **Mo. D**

16. (a) Informant **JOHN McCARTY**

(b) Address **SEDALIA**

17. (a) **BURIAL** (b) Date thereof **3-21-1944**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CROWN HILL CEMETERY**

18. (a) Signature of funeral director **Gillespie**

(b) Address **SEDALIA**

19. (a) **3-21-44** (b) **Anna Burger**

(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence **✓**

(c) Where did injury occur? **✓**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? **✓** (Specify type of place) (e) Means of injury **✓**

23. Signature **W. J. Bishop** (M. D. or other) **Coroner**

Address **Sedalia Mo 5** Date signed **3-20-44**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 4-12-74

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No. ....

working under my personal supervision.

Signed L. E. Bouldin.....

Licensed Embalmer No. 3867.....

P. O. Address Sealix Mo......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.